CITY OF BATH, MAINE

Date: Clerk:

APPLICATION FOR A SEARCH AND CERTIFIED OR NON-CERTIFIED COPY OF A VITAL RECORD

MUST INCLUDE: A PHOTOCOPY OF PROOF OF IDENTIFICATION AND PROOF OF LINEAGE, IF NECESSARY.

NON-REFUNDABLE FEES: $15.00 FOR FIRST CERTIFIED COPY, $6.00 FOR EACH ADDITIONAL CERTIFIED COPY OF THE SAME RECORD. THERE IS A $5.00 FEE FOR EACH SEARCH/NON-CERTIFIED COPY (not a legal copy).

MAKE CHECKS PAYABLE TO "CITY OF BATH" and send to: City Clerk's Office, 55 Front Street, Bath, ME 04530

APPLICANT: Please PRINT the information in the appropriate box for the record you are requesting and the reason for requesting the record.

Birth Record	**Full Name of Child**
	Date of Birth
	Place of Birth
	Parent's Full Name
	Parent's Full Name

Reason for Requesting Record:

Number of Certified Copies: **Number of Non-Certified Copies:**

Applicant Signature, Address and Telephone Number:

Marriage Record	**Full Name Person A.**
	Full Name Person B.
	Date of Marriage
	Place of Marriage

Reason for Requesting Record:

Number of Certified Copies: **Number of Non-Certified Copies:**

Applicant Signature, Address and Telephone Number:

Death Record	**Full Name of Decedent**
	Date of Death
	Place of Death
	Number of Certified Copies **Number of Non-Certified Copies**
	For record of death please complete the following:

Confidential information on the death certificate, including the cause of death, is available only to persons who have a direct legitimate interest in the matter recorded. If you are requesting such information, please complete the following questions, read and sign the certification statement below:

Are you related to the decedent? _____

If yes, how? _____

If no, on what basis do you represent the decedent (check one):

☐ Attorney, Physician or Funeral Director?

☐ Other agent authorized in writing by the decedent's immediate family or descendants thereof. (Present written statement of authorization.)

I hereby certify that I am the applicant named above and that I am requesting a certified copy of the death record including the confidential medical information on "cause of death", for the above–named decedent, in accordance with 22 MRSA§27067 and 10-146 CMR Ch.7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.

Applicant Signature, Address and Telephone Number:

Proof of identity of applicant:

Applicant must provide one of these:

- ❒ Driver's License
- ❒ Passport
- ❒ Government issued picture I.D.

OR two of these:

- ❒ Utility bills
- ❒ Bank statements
- ❒ Vehicle registration
- ❒ Income tax return
- ❒ Personal Check w/ address
- ❒ A previously issued vital record
- ❒ Letter from government agency requesting record (DHHS, WIC)
- ❒ Department of Corrections I.D. card
- ❒ Social Security Card
- ❒ DD 214
- ❒ Hospital; birth worksheet
- ❒ License/rental agreement
- ❒ Pay stub
- ❒ W-2
- ❒ Voter Registration card
- ❒ Disability award from SSA
- ❒ Other _____

Establishing eligibility to acquire record:

- ❒ Related applicants must provide proof of lineage.
- ❒ Domestic Partners must provide proof of registration of domestic partnership
- ❒ Attorneys must provide a signed, notarized release from family
- ❒ Genealogists must provide a state-issued card
- ❒ **Do not retain copies of proof provided or note any specific numbers**